TRAC Meeting Minutes
June 12, 2003

Topic	Discussion	Actions/Decisions
Attendees:	Steve Millard, Dia Gainor, Steve Rich, Richard Schultz, Lynette Sharp, Diana Webster, Leslie Tengelsen, Barbara Freeman, Kay Chicoine, Dana Meyers, Duane Kenyon, Ron Hodge, Ken Mordan	
Welcome and Introduction	Steve Millard chaired. Introductions.	
Review Minutes – 4/10/03		Minutes approved.
Promulgation of Rules	**Ken Mordan, DHW, presented an overview of the rules process. Highlights of the overview are:** • Negotiated rule is valuable when there is an impact on the public, but is an optional process. Temporary and proposed rule may be published simultaneously. The Trauma Registry rule does not qualify as temporary rule. Ken explained why the Trauma Registry rule does not meet temporary criteria. Temporary rule was previously termed emergency rule. • Rule gives information to those who will be governed. • Ken discussed the internal processes in DHW. The Board of Health and Welfare meets 4 times a year and reviews temporary and pending rule. A Pending rule is a completed proposed rule awaiting Legislative review. • Policy is not rule. DHW rules are being revised and put into plain language to make them more readable for the public. **Review of each section of the Trauma Registry Draft rule document.** *Data Dictionary Section* Incorporation by reference gives authority of law to the referenced documents. A limitation on the new Administrative Procedures Act is that it must reference	The EMS Bureau will review Administrative Procedures Division's revisions of the rules and then have a subcommittee appointed by the chair to review.

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	a specific document. If the document is updated, there would have to be a rule amendment. If the referenced document is changed, a temporary rule could be initiated. Q: Could this rule reference the ICD-9-CM codes? A: Cory Cartwright will investigate if this rule could be written without reference to the data dictionary. Q: Could we just have the authority written in rules to change the data dictionary? A: No *Legal authority*. The rule document would be friendlier if it listed by title statute that created the hospital trauma registry. Mordan will look into it. *Confidentiality of Records*: Code 57-2006 is specific to the confidentiality of the trauma registry. This data will be non-identifiable. *Trauma Identifier Number Band*. Change “identify” to “associated” with an individual trauma patient. The purpose of the number band is to de-identify the patient for the purpose of collecting and linking data. *010.08. Low frequency*. Applies to any query. Q: Do we need to define "query" or other operational process for obtaining reports from the data? This would make it consistent with section 700. A: No Q. How did we come up with 5 for frequency? A: It is the industry standard. *100. Discussion about transfers, treated and released, treated and transferred patients*. Patients will need to have an injury listed in the identified ICD-9-CM codes and criteria in 02-04. *200. Patient Identification:* Change references to putting the patient into the data to “entering data about the patient” into the registry. This ensures distinction between the confidential information and the de-identified information. Q: Do we need to repeat in rule what is clear in statute? Is the public record	

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	process sufficient to address access to the public? A: Cartwright: The Trauma Registry rule is not subject to the public records rule. Public health registries are exempt from HIPAA. Q: What is the definition of de-identified information? A: The definition is in statute. The definition and/or scope can be defined in rule. Release of information will be defined in rule or left up to the Department's discretion. *200.01. Discussion about the term "trauma patient."* We are describing data not patients. A transition should be made between identifying a trauma patient and the data generated because of that patient's trauma. It is not in rule to compel the EMS agencies to use the trauma band. Q: If statute does not specify, can rule require compliance? A: A different statute that would address requiring pre-hospital compliance would be necessary. This rule refers to hospital compliance. Q: What is the authority? A: The Trauma Registry statute states that hospitals will report. Hospital and pre-hospital requirements should not be in the same rule. *16.02.03 Prehospital rule that would address trauma band compliance*. Dia recommended it should travel in tandem with the Trauma Registry rule. *300. Timelines*. As written, it encourages batching of data and statute does not provide for that. Q: Is data submitted when the patient is in initial treatment or at the conclusion of treatment? The definition of treatment should be in rule. A: The understanding of the group was that submission of data would occur when the patient is discharged or deceased. It is advisable to have options for the hospitals in the manner and timing of their	

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	report submission. *300.02 Exported Data Fields*. Placement should be a separate section. It does not associate with timelines. Electronic and paper submission should be addressed. *400. Access to Hospital Records*. It is articulated clearly in statute. Q: Is section 400 necessary? A: No. *500. Data Quality Requirements*. This section will be reorganized to include exported data fields. This section is about the quality of the data and the performance of the system. The sentence, "the collection process of the trauma registry data must meet the following requirements" will be deleted. 600 to 500.08 will be moved or appear as a sentence under 500. The hospital data will be subject to evaluation and have an obligation to make corrections. The registry may need a way to enforce compliance if data does not meet criteria. The Department's enforcement provisions have the ability to enforce rule. Specific provisions for enforcement criteria can be included in the rule. Rule should have a description of what the enforcement authority would entail. Cartwright: There are monetary penalties in the enforcement provisions. If the submitter does not comply with the "data quality requirements," then there would be a basis for enforcement. The rule can reference the enforcement provisions for information. The provisions are very broad. It would make sense to be more specific in this rule. Specific reference to the financial penalty was recommended. Steve Mallard said hospitals will comply because it is in law and do not need the threat of financial penalty. General language that compliance can be compelled would be sufficient. *Delete 600.* *700. Distinguish between identifiable data that could be requested by the submitting hospital or de-identifiable data.* Ken Mordan will rewrite timelines	

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	to correlate to public records request timelines as well as other options for later discussion. *Discussion of the terms incident, incidence, or event.* The difference between the patient trauma and the trauma event will be consistent by using the term "incident". *700.02. Change wording to Criteria for limiting access.* Q: What is the criterion? A: Accountability will be provided about how the Department limits criteria. The discretion of the Department may be based on confidentiality issues. Delete 700.02. It is not necessary to define. 700.03. Public records request fees could be referenced as a standard.	
Trauma Registry Funding	**Dick Schultz expressed concern about initiating rule making**. Dick Schultz is concerned because the committee has not determined precise implementation costs or identified funding sources for ongoing recurring costs once the registry is implemented. At the April 10 meeting, hospital reimbursement was discussed. A flat fee for submitting data was discussed. It is necessary to have funding in place before we have legal responsibility. It is also necessary to select software that meets state hardware requirements or contract the project. Possible contractors are IHA or Utah's registry system. Currently DHW is having FTE and budget reductions. Dick suggested initiating a Request for Information (RFI) or Request for Proposal (RFP) to start determining costs. The downside is the delay in rule promulgation. This process would add another year to the project. The committee needs to determine the scope for a contractor, specifically; would a contractor be limited to specific software? Another area that needs definition is how hospitals will be reimbursed.	Motion: Go to the legislature next year to extend the sunset 12 months to address funding challenges and to collect data seconded and carried. Steve Millard will submit a proposal at the annual IHA meeting asking for hospitals' willingness to support the trauma registry without reimbursement. He will also discuss the issues with Senator Darrington. Proceed with Request for

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	There was a suggestion to fast track the project. Dick reiterated that a fiscal impact statement needs to be submitted with the rule and funding has not been identified. Q: Have any funding sources been identified? A: The Trauma Registry Project has $590,000 until FY05. Startup costs are estimated to be $235,000. Utah's registry ongoing recurring costs budget is $160,000 year. Hospitals do not want an unfunded mandate. Q: What will hospitals being willing to do? A: Steve Millard will query the hospitals about submitting data without reimbursement at the fall meeting. Rule promulgation has to be started by July 9. Funding information for ongoing recurring costs is not identified well enough to proceed with rule promulgation for the 2004 legislative session. The next target date for rule promulgation would be July 9, 2004. Retrospectively, there should have been two subcommittees working simultaneously for funding and data dictionary. This is a temporary setback and the original goal of analyzing trauma in Idaho is still reachable. Criteria will be developed to evaluate the "Request for Information" or "Request for Proposal."	Information.
Data Dictionary	Chris Marselle reported the sub-committee work. With regard to the Pediatric trauma score, the committee reviewed data elements from the pediatric perspective and agreed they are applicable. Chris reviewed decisions about specific elements that remained in question following the last Data Subcommittee meeting. All but 2 items are complete. The Data dictionary criteria will be the standard for hospitals for use of the trauma band. There is an issue regarding compliance for the pre-hospital	Motion: Accept and adopt the Idaho Trauma Registry Data Dictionary, June 12 as presented with additions that will be added by Chris was seconded and carried.

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	providers that will be resolved in a separate venue. St. Al's is the sole distributor in Idaho of the trauma bands. There were 1million bands ordered with contribution funds from the Festival of Trees. Trauma band numbering is not duplicated. The Idaho Trauma Registry Data Dictionary June 12 is defining the minimum data elements (58).	
Evaluation of Progress	**Dana distributed an evaluation form.** Previous qualitative evaluation did not provide adequate reporting outcomes. June 12, 2003 evaluation tool is based on results from the April 10 evaluation, but is a quantitative tool rather than qualitative.	
Set Next Agenda	July 31st meeting cancelled. Next meeting is September 11, 2003 Data Input and Flow for RFI process RFI Process. Report on potential grant funding. Second review of Rules by the entire committee. Creative ideas on Legislative report. Hospital survey results report. Committee survey results.	Next meeting is September 11, 2003.